Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

> +57 - 00 y 0												<u>/</u>
CLAIMS AS			S FILED - PART I (Column 1)			(Column 2)		SMALL I	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			11					RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	<del>                                     </del>
TOTAL CHARGEABLE CLAIMS			// minus 20=		.0	*0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 0	* O		X43=		OR	X86=	
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR		
* if	the difference	in column 1 is	less than zero, enter "0" in co			column 2	. 1	TOTAL	385	OR	TOTAL	<u></u>
	С	CAIMS AS A	MENDED - PART II (Column 2) (Colum			(Column 3)		SMALL	ENTITY	<b>o</b> r	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		XS 9=		OR	X\$18=	<u> </u>
<b>AME</b>	Independent	*	Minus	***		=	] [	X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		1	+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		_	ADDII. FEE	:		AUUII. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIĞHE NUMB PREVIOI PAID F	EST BER JUSLY	PRESENT EXTRA	$\prod_{i=1}^{n}$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X43=		OR	X86=	
	FINOT FRESE	NATION OF WO	LIIPLE DEF	ENUEINI	CLAIN		¹	+145=	·	OR	+290=	
	TOTAL ADDIT. FEE									OR ,	TOTAL ADDIT. FEE	
	,	(Column 1)					100111					
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<b>*</b>	Minus	##		= .		X\$ 9=		OR	X\$18=	
			Minus	***		=	-	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						-	740-		OR		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OP TOTAL ADDIT. FEE ADDIT. FEE												
		ber Previously Paid					r four	nd in the an	propriate box	in colu	ımn 1.	i